

**Examples of Acceptable Hysterectomy Statements (these examples should be recreated on office letterhead –exact wording must be used)**



*If the patient signs the hysterectomy statement prior to surgery:*

I HAVE BEEN INFORMED ORALLY AND IN WRITING THAT A HYSTERECTOMY WILL RENDER ME PERMANENTLY INCAPABLE OF BEARING CHILDREN:

Patient's Signature \_\_\_\_\_

Patient's Address \_\_\_\_\_

Date Signed \_\_\_\_\_

Witness' Signature \_\_\_\_\_



*If the provider fails to obtain the patient's statement prior to surgery, however has informed her that she would be incapable of bearing children (this is an exception, not a rule, and will be reviewed as such):*

PRIOR TO MY SURGERY ON \_\_\_\_\_ (Date of Surgery) \_\_\_\_\_, I WAS INFORMED ORALLY AND IN WRITING THAT A HYSTERECTOMY WOULD RENDER ME PERMANENTLY INCAPABLE OF BEARING CHILDREN.

Patient's Signature \_\_\_\_\_

Patient's Address \_\_\_\_\_

Date Signed \_\_\_\_\_

Witness' Signature \_\_\_\_\_



*If the patient is sterile due to age, a congenital disorder, a previous sterilization or if the hysterectomy was performed on an emergency basis because of life-threatening circumstances (life-threatening should indicate that the patient is unable to respond to the information pertaining to the acknowledgment agreement. Federal regulations do not recognize metastasis of any kind as life-threatening or an emergency):*

Patient's Name \_\_\_\_\_

Patient's Address \_\_\_\_\_

The above named patient was sterile prior to the hysterectomy due to:

**or**

A hysterectomy was performed on the above named patient on an emergency basis and was unable to respond because of the following life-threatening circumstances: \_\_\_\_\_

Physician Signature \_\_\_\_\_ Date \_\_\_\_\_